

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTHState File No. 136
Registered No. 108

1. PLACE OF BIRTH

County Graham

State

Township

or Village

City Central

No.

St.

Ward

If birth occurred in a hospital or institution, give its NAME (instead of street and number)

2. Full name of child

Bobby Layton

(If child is not yet named, make supplemental report, as directed)

3. Sex

If plural births

4. Twin, triplet or other

6. Premature

7. Legiti-

8. Date of birth

1934

male

5. Number, in order of birth

Full term

mate?

(Month, day, year)

9. Full name

FATHER

18. Full name

MOTHER

George S Layton

Fay Madys Layton

10. Residence (usual place of abode)

(If nonresident, give place and State)

Central

19. Residence (usual place of abode)

(If nonresident, give place and State)

Central

11. Color or race

W

12. Age at last birthday

29

(Years)

20. Color or race

W

21. Age at last birthday

19

13. Birthplace (city or place)

(State or country)

Central

22. Birthplace (city or place)

(State or country)

Arkansas

14. Trade, profession or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Farmer

23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc.

Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

none

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

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16. Date (month and year) last engaged in this work

April 16, 1934

17. Total time (years) spent in this work

10

25. Date (month and year) last engaged in this work

X

26. Total time (years) spent in this work

2

27. Number of children of this mother

(At time of this birth and including this child) (a) Born alive and now living

(b) Born alive but now dead

(c) Stillborn

28. If stillborn, period of gestation

freedom

29. Cause of stillbirth

asphyxiation

Before labor

During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 12:00 p.m. on the date above stated

(Born alive or stillborn)

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

(Signed)

F. E. Butler M. D.

or

Safford Gray Midwife

Given name added from

a supplemental report

(Date of)

Address

Filed May 8, 1934

Registrar

Registrar

035-416-633

17 Oct, 1934